



# Estimated Dose Form

**To be used under one or more of the following reasons: *(Please check one and give detail)***

- Dosimeter Badge or Ring was **lost** or **damaged** (i.e. ran through the washing machine).
- Dosimeter was **incorrectly worn** (i.e. shielded, incorrect body position).
- Dosimeter was irradiated while it was **not worn** (i.e. left in x-ray room on lab coat).
- Dosimeter **reading** is **inconsistent** with radiation environment (i.e. impractical dose).
- Other \_\_\_\_\_

Details: \_\_\_\_\_  
 \_\_\_\_\_

**Account Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Wearing Period (DD-MMM-YY)** \_\_\_\_\_ **TO** \_\_\_\_\_

Estimated Dose(s) to be Assigned*					
PIN (7 digit)	Wear Location	Names (Last, First)	DEEP DOSE	EYE DOSE	SHALLOW DOSE**

\* Estimated Dose < 0.1mSv should be recorded as N/D  
 \*\* Extremity Dose is reported in the shallow dose column

**Justification for the Estimated Dose(s) assigned. *(Please check one and give details)***

- Average or highest dose received by employee based on historical review of dose history.
- An estimate based on received dose by a co-worker who performed the same or similar tasks.
- An estimate based on known or estimated area exposure rate and time.
- Other \_\_\_\_\_

Detail \_\_\_\_\_  
 \_\_\_\_\_

*This form can be submitted via email to sales@gmsnz.co.nz or returned with badges.  
 If you have any questions, please contact Customer Care at 0800.999.990.*

\_\_\_\_\_  
 RSO or AUTHORIZED SIGNATURE (signed and printed) Date